

ASHADIP MEDICAL AND SOCIAL WELFARE ASSOCIATION

Regd. No.- S/1L/31387 of 2005-06, Govt. of West Bengal



Regd. Office :

At. +P.O.+P.S - Sabang, Paschim Medinipur - 721144, W.B.

Regional Office :

Pirbaba Tower, 1st and 2nd Floor (Near LIC Office), OT Road, Inda, Kharagpur
Paschim Medinipur - 721305, W.B.

APPLICATION FORM FOR PLAY SCHOOL AND DAY-CARE CENTRE

Admission Date :

Admission Number :

Affix Photo Of Father

Affix Photo Of Mother

Affix Photo Of Child

Admission required for : Day-care / Play School

Note : Please use capital letters only.

We,.....and.....

to admit our son/daughter/ward whose particulars are given as a day scholar at Ashadip of Excellence wish.

A. INFORMATION OF CHILD :-

First Name

Middle Name

Last Name

Gender

| | | | |
|------|--------------------------|--------|--------------------------|
| Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
|------|--------------------------|--------|--------------------------|

Date of Birth

| | | | |
|----------------------|----------------------|----|----------------------|
| <input type="text"/> | <input type="text"/> | 20 | <input type="text"/> |
|----------------------|----------------------|----|----------------------|

Date of Birth in Words

Aadhaar Number

Community

| | | | | | | | |
|---------|--------------------------|-------|--------------------------|-----|--------------------------|-------|--------------------------|
| General | <input type="checkbox"/> | ST/SC | <input type="checkbox"/> | OBC | <input type="checkbox"/> | Other | <input type="checkbox"/> |
|---------|--------------------------|-------|--------------------------|-----|--------------------------|-------|--------------------------|

Mother Tongue

Languages Known

PRESENT ADDRESS

| |
|--------------------|
| |
| |
| |
| Father Mobile No : |
| E-mail Id : |

PERMANENT ADDRESS

| |
|--------------------|
| |
| |
| |
| Mother Mobile No : |
| E-mail Id : |

Distance from school (kms) :

Preferred Mobile Number for School SMS :

| Emergency Contact No. (Mobile) | Name of the person to be contacted | Relation with Child |
|--------------------------------|------------------------------------|---------------------|
| | | |

B. FAMILY INFORMATION :-

Father / Guardian

| | |
|-----------------|------|
| Name : | |
| Education : | Age: |
| Aadhar No : | |
| Occupation : | |
| Annual Income : | |
| Tel No : | |
| Address : | |
| | |
| | |
| | |

Mother / Guardian

| | |
|-----------------|-------|
| Name : | |
| Education : | Age : |
| Aadhar No : | |
| Occupation : | |
| Annual Income : | |
| Tel No : | |
| Address : | |
| | |
| | |
| | |

Single Parent :

Tick one, only if applicable

Father

Mother

If Child Is Sponsored :

| | |
|-----------------------------|--|
| Name of Sponsoring Agency : | |
| Sponsoring Agency Address : | |
| | |

Details of Brother / Sister of the student :

| Name | Age | Relation | Name of the Institution | Standard |
|------|-----|----------|-------------------------|----------|
| | | | | |
| | | | | |

C. MEDICAL HISTORY OF THE CHILD :

BIRTH HISTORY :

Birth Details :

| | |
|--------|--------------------------|
| Normal | <input type="checkbox"/> |
|--------|--------------------------|

| | |
|-----------|--------------------------|
| Caesarian | <input type="checkbox"/> |
|-----------|--------------------------|

| | |
|---------|--------------------------|
| Forceps | <input type="checkbox"/> |
|---------|--------------------------|

Birth Cry :

| | |
|-----------|--------------------------|
| Immediate | <input type="checkbox"/> |
|-----------|--------------------------|

| | |
|---------|--------------------------|
| Delayed | <input type="checkbox"/> |
|---------|--------------------------|

Discharge from Hospital :(Number of Day)

Specialize care given in the hospital :

| | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
|-----|--------------------------|

| | |
|----|--------------------------|
| No | <input type="checkbox"/> |
|----|--------------------------|

If Yes ,

| | |
|------|--------------------------|
| NICU | <input type="checkbox"/> |
|------|--------------------------|

| | |
|------------------------|--------------------------|
| Extended hospital stay | <input type="checkbox"/> |
|------------------------|--------------------------|

Explain :
.....

HEARING :

Any difficulty observed :

| | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
|-----|--------------------------|

| | |
|----|--------------------------|
| No | <input type="checkbox"/> |
|----|--------------------------|

Any Consultation with doctor done :

| | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
|-----|--------------------------|

| | |
|----|--------------------------|
| No | <input type="checkbox"/> |
|----|--------------------------|

If Yes, Explain.....
.....

VISION :

Any Consultation with doctor done :

| | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
|-----|--------------------------|

| | |
|----|--------------------------|
| No | <input type="checkbox"/> |
|----|--------------------------|

Use of Spectacles / Corrective Lenses :

| | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
|-----|--------------------------|

| | |
|----|--------------------------|
| No | <input type="checkbox"/> |
|----|--------------------------|

MOTOR MILESTONES (Approx Months) :

Sitting :

Standing :

Walking :

Speech :

Any medication taken for any medical conditions,Such as attention deficit / thyroid (hypo/hyper)/any other condition :

.....
.....

Any Medication taken for general well being :

.....
.....

Any Allergy / any medical information that school should be aware of :

.....
.....

D. MISCELLANEOUS :

How did you hear about the Ashadip of Excellence ?

| Name of news paper | Website | Name of the Magazine | Others (Please specify) / Hoardings/pamphlets/ Word of mouth/catalogue |
|--------------------|---------|----------------------|--|
| | | | |

E. ENCLOSURES (All documents are mandatory at the time of admission)

- Birth Certificate
- Vaccination card Copy
- Blood Group Report
- Passport size photos of child (5 copies)
- Passport size photos of parents (5 copies)
- Aadhar card copy of parents

DECLARATION

I,have the authority to admit my child / ward.....,into the school as the parent/legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here,if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules. Regulations and the fee structure of the school.

Date :
Signature of Parent / Guardian

For Ashadip Office use only

Admission Co-ordinator

Head of the Institution

Date .

Date.